

**Wyoming Health Department
Mental Health and Substance Abuse Services Division
Regional Services Funding Application
Fiscal Year (FY) 2009- 2010**

Funding categories included in this application are:

**Residential Treatment Center for Persons with Co-occurring Disorders
Mental Health Supervised Apartments
Mental Health Group Homes
Telepsychiatry
Psychiatrists
Mental Health Nursing Support Services
Mental Health Transportation (Quality of Life)
Mental Health Respite Care (Quality of Life)
Mental Health Early Intervention Staff
Substance Abuse Residential Services
Substance Abuse Transitional Services (Including Step Down Services)
Social Detoxification Services
Mental Health Waiver Provider**

***All funding is dependent upon 2008 Legislative approval.**

Application Instructions:

1. Please use 12 Times New Roman and either allow for 1.5 space or double space.
2. **Prepare one application per region. (Please provide an integrated application vs. individual center requests.)**
3. Compile the application in order, adding requested materials for each section as applicable.
4. Return the completed application to the following address, to be received no later than the close of business (5 PM) March 24, 2008. Send applications to:
Rodger McDaniel
Deputy Director
Mental Health and Substance Abuse Services Division
6101 Yellowstone Road, Room 220
Cheyenne, Wyoming 82002-0480

Questions about the application, please contact Carol Day @ 307-777-7110 or carol.day3@health.wyo.gov.

Regional Services Funding Application
FY 2009 - 2010
Cover Sheet

Section I Fiscal Agent Information

Name of Agency _____

Address _____

Phone Number _____

Contact Person _____

Title _____

FAX Number _____

E-Mail _____

Contract Signatory _____

Federal Employment ID # _____

Application Contact Information

Contact Person _____

Title _____

Phone Number _____

FAX Number _____

E-Mail _____

Section II ***Regional Participant Information. (Duplicate this page as necessary to include information on all agencies within the region)***

Region: _____

AGENCY 1:

Name of Agency

Address

Phone Number

E-mail

Contact Person

Title

AGENCY 3:

Name of Agency

Address

Phone Number

E-mail

Contact Person

Title

AGENCY 2:

Name of Agency

Address

Phone Number

E-mail

Contact Person

Title

AGENCY 4:

Name of Agency

Address

Phone Number

E-mail

Contact Person

Title

Section III. Assurances *(Duplicate this page as necessary to secure signatures from all agencies within the region – See Attachment A for map)*

1. The participating regional agencies will provide written materials as outlined in the Division's onsite review forms to demonstrate contract compliance.
2. Division staff will be allowed to make on-site review of the agency in accordance with the Division's procedures for on-site review and quality management improvement process.
3. The participating regional agencies will provide data on a regular basis and on forms or in the manner prescribed by the Division.

Assurances Signatures:

AGENCY 1:

Name of Agency

Signature of Board Chair

Printed Name of Board Chair

Signature of Executive Director

AGENCY 3:

Name of Agency

Signature of Board Chair

Printed Name of Board Chair

Signature of Executive Director

AGENCY 2:

Name of Agency

Signature of Board Chair

Printed Name of Board Chair

Signature of Executive Director

AGENCY 4:

Name of Agency

Signature of Board Chair

Printed Name of Board Chair

Signature of Executive Director

Section. IV. Application Guidelines

The following chart defines each service included in this application, details the funding amount and distribution of the funding, and indicates the components that must be included in your application for the listed services. Definitions can be found in Attachment B.

| Service to be funded in addition to individual agency contracts. | Funding Amount and Distribution | Components to Include in the Application for This Service |
|---|--|--|
| Regional Residential Treatment Services for Persons with Co-Occurring Mental Health and Substance Abuse Disorders | \$828,850 is available for ONE 12-bed regional residential treatment center for persons with co-occurring disorders. | Section IV. Numbers 1, 2, 2a, 2c, 2d, 2e, 2f, 2g, 2i, 2j, 2o, 2p, 3a, 3b, 4, and 5 |
| Mental Health Supervised Apartments | The amount of \$194,150 is available for 10 supervised apartments to be located in Albany County, Wyoming. | Section IV. Numbers 1, 2, 2a, 2c, 2d, 2e, 2f, 2g, 2o, 2p, 3a, 3b, 4 and 5 |
| Mental Health Group Homes | \$2,015,750 was appropriated to establish one group home in each region designated by the Mental Health Division. The amount available to each CCR is \$403,150. | Section IV. Numbers 1, 2, 2a, 2b, 2c, 2d, 2e, 2f, 2g, 2j, 2o, 2p, 3a, 3b, 4 and 5 |
| Telepsychiatry | MHSASD will be purchasing the telepsychiatry equipment. Each agency will be responsible for installation, maintenance and continuing point to point costs for DSL lines. | Section IV. Numbers 2, 2b, 2d, 2f, 2g, 2j, 2l, 2n, 2p, 3a, 3b, 4, and 5 |
| Psychiatrists | A total of \$971,250 is available to contract with 5.55 FTE psychiatrists statewide at the rate of \$175,000 per psychiatrist. | Section IV. Numbers 1, 2, 2b, 2d, 2g, 2j, 2k, 2p, 3a, 3b, 4, and 5 |

| | | |
|--|---|---|
| Mental Health Nursing Support Services | A total of \$560,000 was appropriated to purchase nursing supports from seven nurses at \$80,000 per nurse for salary and benefits. Funding will flow only after evidence is submitted to demonstrate that nurses are hired or are under contract with the provider. Nurses will be distributed based on the population based formula included as Attachment C. | Section IV Numbers 1, 2, 2b, 2d, 2f, 2g, 2j, 2l, 2p, 3a, 3b, 4, and 5 |
| Mental Health Transportation (Quality of Life) | A total of \$432,800 was appropriated for transportation services. Distribution will be based on regional population as shown in Attachment D. Unused funds will be redirected to regions who demonstrate an increased need for the service. | Section IV Numbers 1, 2, 2b, 2d, 2f, 2g, 2h, 2j, 2n, 2p, 3a, 3b, 4, and 5 |
| Mental Health Respite Care (Quality of Life) | Respite funds total \$356,240 and will be distributed on a regional population based formula, as shown in Attachment D. Unused funds will be redirected to regions who demonstrate an increased need for the service. | Section IV Numbers 1, 2, 2b, 2d, 2f, 2g, 2j, 2m, 2n, 2p, 3a, 3b, 4, and 5 |
| Early Intervention Staff | A total of \$720,000 was approved by the Legislature to fund ten early intervention staff, at a rate of \$70,000 per staff to include salary and benefits. Early intervention staff will be distributed based on the population-based formula included in Attachment E. | Section IV. Numbers 1, 2, 2b, 2d, 2e, 2f, 2g, 2j, 2,p 3a, 3b, 4, and 5 |

| | | |
|---|--|---|
| Substance Abuse Residential Treatment Services | A total of \$2,131,317 is available to expand the availability of residential substance abuse treatment. Funding is allocated per region and is based on the number of adult male beds, adult female beds and adolescent treatment beds that will be added. The detail of the funding distribution is shown in Attachment F. | Section IV Numbers 1, 2, 2a, 2c, 2d, 2e, 2f, 2g, 2i, 2j, 2o, 2p, 3a, 3b, 4, and 5 |
| Substance Abuse Transitional Services | Funding appropriated totals \$399,160 and is allocated to regions as detailed in Attachment G. | Section IV Numbers 1, 2, 2a, 2b, 2c, 2d, 2e, 2f, 2g, 2j, 2o, 2p, 3a, 3b, 4, and 5 |
| Social Detoxification Services | A total of \$459,000 is available for social detoxification services. Funding is allocated based on six social detoxification beds per region, at \$115 per day. The total available per region under SF 76 is \$251,850. | Section IV Numbers 1, 2, 2a, 2c, 2d, 2e, 2f, 2g, 2j, 2o, 2p, 3a, 3b, 4, and 5 |
| Regional Children's Mental Health Waiver Provider | A total of \$80,000.00 is available to fund <u>TWO</u> Regional Children's Mental Health Waiver Providers. | Section IV, Numbers 1,2, 2a, 2b, 2c, 2d, 2e, 2f, 2g, 2i, 2j, 2m, 2n, 2p, 3, 3a, 3b, 3 and 5 |

Section IV. Application Components

Following is the list of application components. Refer to the chart in Section III to determine the components to be addressed for the services for which you are applying.

1. Describe the needs in the region for the service.

Please describe the needs of the county or counties to be served in terms of priority populations and the county needs as a whole such as, older adults, individuals with handicaps, or persons with co-occurring disorders or other identified populations.

Mental health priority populations are: adults with Serious and Persistent Mental Illness (SPMI), children with Serious Emotional Disorder (SED), veterans, persons receiving services under the provisions of Title 14 of the Wyoming Statutes, persons on probation or parole and under the jurisdiction of the Wyoming Department of Corrections, persons charged with child endangerment, abuse or neglect, and children and adolescents.

Substance abuse priority populations are pregnant intravenous drug users, pregnant women, non-pregnant intravenous drug users, women with dependent children, veterans, children and adolescent services, persons receiving services under the provisions of Title

14 of the WY State Statutes, persons on probation and under the jurisdiction of the Wyoming Department of Corrections, persons on parole under the jurisdiction of the Wyoming Board of Parole, persons charged with child endangerment, abuse or neglect.

Please see the following for more information about community needs:

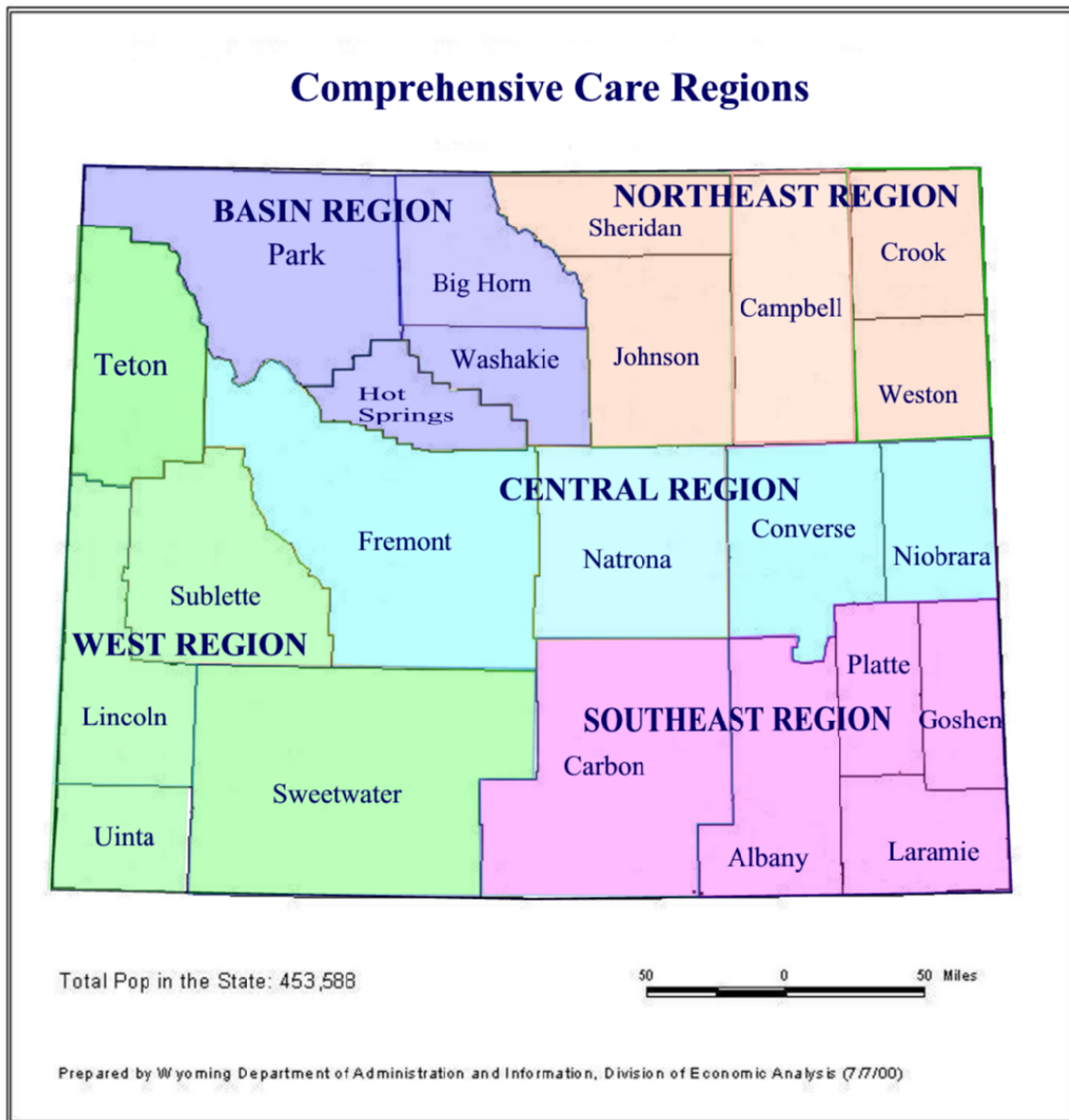
- GAPS analysis located at <http://wdh.state.wy.us/mhsa/treatment/GAPS.html>
- YRBSdata http://www.k12.wy.us/HS/yrbs/yrbs_2007/2007_YRBS_Summary_Report.pdf
- BRFSS data located at <http://wdh.state.wy.us/brfss/brfssdata.aspx>
- Community Initiatives Data located at <http://www.mjdatacorp.com/publications.html>

2. **Service Delivery Plan** - Describe in detail your regional plan for the service. Include the following components, as applicable (see Section III)
- a. Location and description of the facility in which the services will be provided and the point of contact at each of those facilities.
 - b. The location(s) and the rationale for the location(s) within the region where the services will be provided with this funding.
 - c. A statement evidencing compliance with Wyoming laws and regulations pertaining to safety of building and operations and a copy of the most recent fire safety or Occupational Safety and Health Administration Review or other evidence establishing the safety of all buildings and procedures.
 - d. The estimated number of individuals (specify by adults and children/adolescents) to be served during the year.
 - e. A proposed staffing pattern, including the numbers, FTEs, specialties, and disciplines of staff to be recruited.
 - f. An implementation plan, for services not up and running in FY 2008, including:
 - anticipated date for initiating client care with this funding
 - the number of beds, clients etc to be served
 - g. A description of process whereby individuals can access the services, and a description of continuing care processes and plans, if applicable.
 - h. Plans for transportation of individuals to and from all regional services. Quality of life funding may be used for this purpose.
 - i. The proposed treatment programming and treatment schedule.
 - j. A description of the process and activities conducted by agencies within the region to ensure that the services will be uniformly accessible throughout the region, i.e., who determines which clients will receive services, using what criteria.
 - k. Update the regional medication management plan to include the use of Telepsychiatry.

- l. A description of how nursing support services will be utilized, to include telepsychiatry supports.
 - m. The types of respite care providers within the region that will provide respite care to adults and children/adolescents, the types of locations in which respite care will be provided and the rates currently charged for respite care
 - n. Estimated frequency of use of these services.
 - o. The number of beds provided (by gender/adult/youth).
 - p. Provide the regional distribution of money and show how each agency will use the funding.
3. **Interagency collaboration**
 - a. Detail the role/responsibilities of each agency within the region and provide a description of the contractual, employee arrangements, and interagency agreements, as applicable, regarding the services for which you are applying. Include a copy of all interagency agreements.
 - b. If different from individual center core contracts, for regional services identify partners and describe the collaboration with local and regional agencies whose services would benefit clients during or after treatment (e.g., Social Security, DFS, Vocational Rehabilitation, Veterans Administration, Head Start, Public Health, DOC, WSH, school districts, etc). Describe specifically:
 - Those providing levels of service not provided by the applicant.
 - The scope and general content of any cooperative agreements the agency has with allied agencies.
 - The application of the system of care principles. See Attachment H
 - Children's Mental Health Waiver Services – See Attachment H
 - Suicide prevention and intervention services.
 - Specify your agency's involvement in community activities over and above the delivery of services. (e.g., involvement with child protection team, the multi-agency monthly meeting, the suicide prevention coalition, etc).
4. **Consumer Input**

Describe how your region implements the input of adult consumers, family members of consumers, and consumer groups in the planning and delivery of services.
5. **Regional Budget Summary**

Provide a regional service summary. (Attachment I)



Lists of State Funded FY 2008 Providers by Comprehensive Care Region

Basin Region:

Big Horn County Counseling
Cedar Mountain Center
Hot Springs County Counseling
Washakie Mental Health Services
Yellowstone Behavioral Health Center

Central Region:

Central Wyoming Counseling Center
Fremont Counseling Service
Fremont County Alcohol Crisis Center
Solutions for Life

Northeast Region:

Behavioral Health Services at Campbell Co. Hosp.
Northern Wyoming Mental Health Center
WYSTAR

Southeast Region:

Carbon County Counseling Center
Pathfinder
Peak Wellness Center

Southwest Region:

Cornerstone
Curran-Seeley
High County Counseling and Resource Centers
Jackson Hole Community Counseling Center
Pioneer County Counseling
Southwest Counseling Service

ATTACHMENT B DEFINITIONS

| Service | Definition |
|--|--|
| Regional Residential Treatment Services for Persons with Co-Occurring Mental Health and Substance Abuse Disorders | A residential treatment program for persons with co-occurring mental health and substance abuse disorders provides residential care within a safe and supportive environment and addresses both mental health and substance abuse disorders in policies and procedures, assessment, treatment planning, program content and discharge planning. Services are delivered by mental health clinicians and addiction treatment professionals in a setting where all staff are cross-trained. Individuals in need of co-occurring residential treatment services are typically unstable or disabled to such a degree that specific psychiatric and mental health support, monitoring and accommodation are necessary in order for the individual to participate in primary addiction treatment. |
| Mental Health Supervised Apartments | Supervised apartments are a community based housing option for adults with Serious and Persistent Mental Illness. Services provided include appropriate support to enable residents to develop or improve daily living skills including self-care, meal preparation, shopping and budgeting proficiencies to enable residents to successfully remain in an independent living situation. Supervised apartments are staffed 24 hours per day and are for individuals who are relatively independent but who require some support services. |
| Mental Health Group Homes | Group homes are a community based housing option for persons with Serious and Persistent Mental Illness and include appropriate support to enable the residents to develop or improve daily living skills, including self-care, meal preparation, shopping and budgeting proficiencies so the client may successfully remain in an independent living situation. Group homes are staffed 24 hours a day and provide living supports and assistance based on individual client need and identified treatment goals. |
| Telepsychiatry | Telepsychiatry is the provision of psychiatric services via telecommunication systems that enable two-way interactive “real-time” communication between the client and the provider. Other uses may include continuing education, clinical supervision, administrative functions and communication between multiple agencies. |

| | |
|---|---|
| Psychiatrists | Psychiatrists provide psychiatric evaluations, consultation with other staff, and medication management services which are prescription of and/or monitoring of the effects of psychotropic medications. Services may be provided in person or via telepsychiatry. This service is for CMHC clients including persons with co-occurring disorders |
| Mental Health Nursing Support Services | Nursing supports are an essential component of face to face psychiatric services and telepsychiatry. Working with psychiatrists, nurses take vital signs, collect medical histories, take notes, maintain charts, and ensure that doctors' orders are implemented. Nurses conduct medication checks and are the main point of contact for clients regarding physical complaints. Nurses are present in the room with a client when the client is receiving telepsychiatry services to ensure that the service is integrated with the client's treatment plan. |
| Mental Health Transportation (Quality of Life) | Transportation services enable access to: clinical services; medical and psychiatric services to include telepsychiatry; community and regional resources that may assist the attainment of treatment plan goals; and recreation/socialization interests. Transportation may be provided by agency staff, public transportation, or other arrangements that are included in the regional plan approved by the Dept and that ensure the safety of the client. These services are intended primarily for adults who meet the definition of SPMI and children and adolescents who meet the definition of SED, and for whom a community mental health center under contract with the Dept has primary responsibility for client care. A CCR may utilize transportation funding for local or regional transportation. Funding may be used to transport individuals to services in community mental health centers outside of their home community in the region if needed services cannot be readily accessed in the client's home community. However, this arrangement must have the pre-approval of destination centers. This funding may not be used to transport individuals to and from the Wyoming State Hospital or to pay for staff time during transport. |

| | |
|---|--|
| Mental Health Respite Care (Quality of Life) | Respite care is brief care from a trained provider for clients unable to care for themselves. Respite care services are provided because of the need for relief for families or persons who normally provide care to an adult with SPMI or a child or adolescent with SED. Respite care can be provided in a client's home or place of residence, in the respite care provider's residence, a foster home, licensed day care facilities and other appropriate locations. Funds may not be used to pay for staff time unless the staff is a contracted provider of respite care services |
| Early Intervention Staff | Early intervention personnel eligible for funding under this section are master's level licensed therapists with specialized training or experience in providing therapeutic services to children. Early intervention staff must have received, or make a commitment to receive training in the treatment of trauma in young children. Early intervention staff will assist in the identification of children and will provide services to preschool-age children and their families who are experiencing or are at risk of behavioral, mental, alcohol or substance abuse disorders. Early intervention services include consultation and training to child care providers and require collaboration with child care agencies in the establishment of referral processes, education, training, consultation and interventions. Collaborations must include EPSDT screeners, Public Health Nurses, DFS staff, and staff of early childhood agencies such as Head Start, Early Childhood Centers, preschools, daycare centers and other appropriate agencies. It is recommended that CCRs utilize early intervention staff in a limited area within the region to ensure sufficient community involvement and manageable case loads in that locality. |
| Substance Abuse Residential Treatment Services | A residential treatment service may be freestanding or hospital based. It operates twenty-four (24) hours per day, seven (7) days a week, and offers evaluation and treatment services including the staff monitored administration of prescribed medication. The goal of residential treatment is to provide a protective environment that includes support, treatment for addictive disorders, supervision, and medical stabilization as appropriate. |

| | |
|--|--|
| Substance Abuse Transitional Services | <p>Substance abuse transitional services are clinically managed, low intensity, peer-supported therapeutic services in which substance abuse counseling is provided for a minimum of 5 hours per week, and include case management and other supports that assist with education, community socialization, job readiness, problem resolution, housekeeping and financial planning. Funds in this section may be utilized to provide Step Down services according to the needs of each region. A Step Down House is a drug and alcohol-free homelike environment for a small number of individuals who are self-sustaining but who require a minimal level of support and assistance to maintain recovery from alcohol and/or drug abuse. The Step Down House operates twenty-four (24) hours per day, seven (7) days a week with a program designed to maximize opportunities for employment, education, health, recreation, family and social relationships, and overall living skills.</p> |
| Social Detoxification Services | <p>A social detoxification service is an outpatient service that may be delivered in an office setting, health care, or addiction treatment facility by trained staff that provides evaluation, detoxification, and referral services. Social detoxification is an entry point for clients into substance abuse treatment services and facilitates social, physiological and environmental changes for clients.</p> |
| Regional Children's Mental Health Waiver Provider | <p>The Children's Mental Health Waiver Program offers non-clinical home and community based services as an alternative to inpatient psychiatric hospitalization for identified youth and their families. The Waiver embraces the system of care principles listed in Attachment H. Waiver eligibility requirements are as follows: Age Range (4-20 years of age); Level of Care (inpatient hospitalization; Federal Definition for Serious Emotional Disturbance; Criteria (inpatient psychiatric hospitalization); Recommendation (license mental health professional must recommend the youth can be safely served in his/her home, school and community; Financial Eligibility (meet Medicaid financial eligibility requirements based on the youth's resources). If selected as the Regional Children's Mental Health Waiver Provider, the contractor would administer waiver services, accept referrals and administer regional Child and Adolescent Service Intensity Index (CASII) assessments, offer support and assistance to other waiver providers in the region and meet with the Division on a quarterly basis. If selected as the Regional Children's Mental Health Waiver Provider, the contractor must employ or contract with a therapist who is certified to administer CASII assessments.</p> |

ATTACHMENT C
Mental Health Nursing Supports
Funding Distribution
FY 2009-2010

***All funding is dependent upon 2008 Legislative approval.**

| Region | Population Estimate (2006) | Nursing Staff FTEs | Annual Funding |
|-------------------------|---------------------------------------|---------------------------|-----------------------|
| Basin Region | 50,891 | .70 | \$56,000 |
| | | | |
| Central Region | 122,683 | 1.67 | \$133,600 |
| | | | |
| Northeast Region | 87,148 | 1.18 | \$93,600 |
| | | | |
| Southeast Region | 151,786 | 2.06 | \$167,200 |
| | | | |
| Southwest Region | 102,006 | 1.39 | \$109,600 |
| | | | |
| TOTAL | 514,514 | 7 | \$560,000 |

ATTACHMENT D
Transportation and Respite (QOL)
Funding Distribution
FY 2009-2010

*All funding is dependent upon 2008 Legislative approval.

| Region | Population Estimate (2006) | Transportation Funding | Annual Respite Care Funding |
|-------------------------|---------------------------------------|-----------------------------------|--|
| Basin Region | 50,891 | \$42,809 | \$35,236 |
| | | | |
| Central Region | 122,683 | \$103,199 | \$84,943 |
| | | | |
| Northeast Region | 87,148 | \$73,307 | \$60,340 |
| | | | |
| Southeast Region | 151,786 | \$127,680 | \$105,094 |
| | | | |
| Southwest Region | 102,006 | \$85,805 | \$70,627 |
| | | | |
| TOTAL | 514,514 | \$432,800 | \$356,240 |

ATTACHMENT E
Early Intervention Staff
Funding Distribution
FY 2009-2010

*All funding is dependent upon 2008 Legislative approval.

| Region | Population Estimate (2006) | Early Intervention Staff FTEs | Annual Funding |
|-------------------------|---------------------------------------|--|-----------------------|
| Basin Region | 50,891 | 1.02 | \$71,480 |
| | | | |
| Central Region | 122,683 | 2.45 | \$171,580 |
| | | | |
| Northeast Region | 87,148 | 1.74 | \$120,480 |
| | | | |
| Southeast Region | 151,786 | 3.03 | \$214,980 |
| | | | |
| Southwest Region | 102,006 | 2.04 | \$141,480 |
| | | | |
| TOTAL | 514,514 | 10.28 | \$720,000 |

ATTACHMENT F
Substance Abuse Residential Treatment
Funding Distribution
FY 2009-2010

*All funding is dependent upon 2008 Legislative approval.

Regional
Increased Residential Services 7/1/08 through 6/30/10

| Region | No of Beds | Women \$145/day | Children \$20/day | No of Beds | Male \$115/day | No of Beds | Adolescent \$200/day | No of Beds | Med Detox \$275/day | 730 Bed Days |
|-------------------------|-----------------------|----------------------------|------------------------------|-----------------------|---------------------------|-----------------------|---------------------------------|-----------------------|--------------------------------|---------------------|
| Basin Region | | | | | | | | 6 | \$1,204,500 | \$1,204,2500 |
| Central Region | 17 | \$1,799,450 | \$248,200 | 37 | \$3,106,150 | 10 | \$1,460,000 | | | \$6,613,800 |
| Northeast Region | 10 | \$1,058,500 | \$146,000 | 6 | \$503,700 | | | | | \$1,708,200 |
| Southeast Region | 0 | | | 0 | | | | | | \$0 |
| Southwest Region | 20 | \$2,117,000 | \$292,000 | | | | | | | \$2,409,000 |
| Total Beds | 47 | | | 43 | | 10 | | 6 | | |
| | | \$4,974,950 | \$686,200 | | \$3,609,850 | | \$1,460,000 | | Total for Biennium | \$11,935,500 |

Standard Budget for Bienn \$4,262,634
Amount Needed for Bienn \$11,935,500

Except/Additional Funds Needed \$7,672,866

Note: In Exception Budget Request, we asked for \$165 per day to cover \$20 for a child that may be attending treatment with mother therefore amount requested was \$7,672,866.

ATTACHMENT G
Substance Abuse Transitional Services
(Including Step Down Houses)
Funding Distribution
FY 2009-2010

***All funding is dependent upon 2008 Legislative approval.**

| Region | Adult Female Beds | Adult Male Beds | Annual Funding |
|-------------------------|--------------------------|------------------------|-----------------------|
| Basin Region | 5 | 5 | \$91,250 |
| | | | |
| Central Region | 10 | 13 | \$91,250 |
| | | | |
| Northeast Region | 5 | 5 | \$91,250 |
| | | | |
| Southeast Region | 5 | 5 | \$91,250 |
| | | | |
| Southwest Region | 5 | 5 | \$91,250 |
| | | | |
| TOTAL | 30 beds | 33 beds | \$456,250 |

Attachment H

System of Care Resources

NIDA's 13 Principles of Effective Treatment

http://www.nida.nih.gov/NIDA_Notes/NNVol14N5/tearoff.html

1. No single treatment is appropriate for all individuals.
2. Treatment needs to be readily available.
3. Effective treatment attends to multiple needs of the individual, not just his or her drug use.
4. An individual's treatment and services plan must be assessed continually and modified as necessary, to ensure that the plan meets the person's changing needs.
5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
6. Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
8. Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.
9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.
10. Treatment does not need to be voluntary to be effective.
11. Possible drug use during treatment must be monitored continuously.
12. Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.
13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

Mental Health Transformation

http://www.samhsa.gov/Federalactionagenda/NFC_FMHAAs.aspx

In a transformed mental health system:

Americans seek mental health care when they need it, with the same confidence that they seek treatment for other health problems.

The stigma that surrounds both mental illnesses and seeking care for mental illnesses is reduced or eliminated.

The rate of suicide in the United States is reduced significantly.

Recovery experiences are identified, valued, and promoted as evidence-based practices.

Mental health services are readily available in the most integrated, community-based setting possible. Parents no longer have to relinquish custody of their children to secure needed mental health services.

A telecommunication-based personal health information system enables every American, particularly those in rural areas for whom access to care is problematic, to obtain, maintain, and share reliable information that is crucial to his or her recovery.

Principles for Systems of Care

<http://mentalhealth.samhsa.gov/publications/allpubs/MC96-61/default.asp>

The Substance Abuse and Mental Health Services Administration's Center for Mental Health Services (CMHS) provides national leadership for improving the quality and availability of treatment and prevention services for mental illness, particularly with respect to adults with serious mental illness and children with serious emotional disturbances. As part of its mission, CMHS promotes policies for care systems by:

- promoting policies and standards for care systems that reflect equity and parity in the treatment and rehabilitation of persons with mental health care needs with other health care needs;
- fostering the development of linkages and partnerships among and between critical stakeholders such as consumers, family members, advocates, Federal agencies, States, counties and local communities, native American tribes, purchasers, care organizations, and providers working within care systems;
- providing training and technical assistance to all stakeholders in the mental health field in key policy areas for care systems;

- collaborating with care systems to encourage the provision of high quality and effective clinical and support services to promote a high quality of life for persons with mental health care needs; and
- promoting strategies for expanding health insurance coverage for individuals who are under/uninsured.

CMHS recognizes that changes in health care financing and organization make it imperative that all stakeholders work collaboratively in an effort to deliver accessible, appropriate, comprehensive, culturally competent, cost-effective services of the highest quality.

Policies and practices should address the concerns of all stakeholders in the system and ultimately be responsive to the rights and needs of the individual receiving the service.

Responsibility for the public health and well being of our citizens should be shared. To foster this goal, the following principles are offered to all stakeholders as public and private sector system integration occurs.

Quality of Care

Care systems should:

- treat all persons with respect and dignity;
- be based on "best practices," model programs, innovation, and continuous quality improvement;
- develop delivery and data collection systems to address the unique developmental needs of children and their families;
- ensure that services are tailored to individual needs and preferences, provided in the least restrictive and most natural setting possible and built on the strengths of the consumer and family;
- establish credential verification programs, assess critical provider skills and competencies, and provide necessary training to facilitate human resource development;
- provide mechanisms for resolution of provider disputes;
- ensure that services for adults directly include a continuum of care consisting of, but not limited to, a comprehensive array of flexible community living supports including prevention, treatment, rehabilitation, support, psychiatric rehabilitation, intensive case management, residential treatment, crisis, and self-help services and also provide effective linkages to other health and social services;
- ensure that services for children directly include a "wrap around" approach consisting of, but not limited to, flexible, individualized, strengths-based, family-driven services incorporating respite care, case management, day treatment, recreational support, and other non-traditional home and community-based services and also provide effective linkages to other health and social services; and
- incorporate targeted prevention activities, especially at key points of life transitions.

Consumer Participation and Rights

Care systems should:

- meaningfully involve consumers and family members in the planning, development, delivery, evaluation, research and policy formation of care systems including the determination of "medically necessary" services;
- respect consumer choice of services, providers and treatment and assure consumer informed voluntary consent. Individual treatment plans should be based on the preferences and needs of consumers and families with children;
- ensure that consumers receive necessary legal and ethical protections and services;
- provide education to consumers and family members on their rights and responsibilities;
- establish grievance, mediation, arbitration, and appeals procedures to resolve consumer disputes in a timely manner. Ombudsman services should be provided. Necessary services should continue pending dispute resolution;
- support consumer rights and empowerment by providing education about, and access to, local self-help groups and protection and advocacy organizations; and
- ensure that confidentiality and privacy of consumer health care information is protected at all times, particularly as electronic information systems develop and expand. Release of specific information should occur only with a signed release from either the recipient of services or their legal guardian/representative.

Accessibility

Care systems should:

- ensure that services are culturally and linguistically appropriate, available, acceptable, and accessible (including geographically) to all individuals, with particular attention to vulnerable populations;
- provide education about mental health benefits and ways to access emergent, acute and routine care;
- provide services for individuals with pre-existing illness;
- work with provider networks that include community providers experienced in working with vulnerable populations;
- make available necessary specialized services required by participants that are not available through care system provider networks; and
- ensure continuity of care during transition from the current system to care environments and among different care systems as contracts change.

Affordability

Care systems should:

- provide affordable interventions at all levels of the continuum of care to reduce the prevalence and/or severity of mental illness and resulting disability through early prevention and identification of risk factors;

- ensure reasonableness of out-of-pocket costs and provide full access to critical services, especially for indigent populations; and
- provide appropriate mechanisms for consumers who want to seek care from providers who may be outside the established networks. Linkages and Integration

Linkages and Integration

Care systems should:

- coordinate with primary health care and substance abuse systems;
- utilize interagency collaborations with human services agencies such as public health, social service, child welfare, education, juvenile justice, criminal justice and long-term care systems; and
- assure linkage to critical services such as employment supports, housing, transportation, self-care and mutual support organizations, education and training opportunities, and rehabilitation service.

Accountability

Care systems should:

- engage stakeholders in developing and assessing quality assurance standards, and in incorporating performance, outcome (e.g., recovery and community integration) and consumer satisfaction measures to evaluate plan performance over the long-term, including measures of access, appropriateness, quality, outcome, and cost effectiveness;
- employ various evaluation methods including report cards and consumer satisfaction surveys and make the information available for further analysis;
- collect, analyze and publicly disseminate reliable information to foster system accountability and quality improvement; and
- develop information systems at the provider and care network levels collecting data on demographics, service utilization, revenues, costs, service outcomes, service provider performance, consumer satisfaction, and quality of life.

*These were originally used to describe managed care systems. The wording has been modified to fit Wyoming's system.

RECOVERY PRINCIPLES

*National Consensus Statement on Mental Health Recovery
Substance Abuse and Mental Health Services Administration*

The ten fundamental components of recovery are:

- **Self-Direction.** Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to

achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path toward those goals.

- **Individualized and Person-Centered.** There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.
- **Empowerment.** Consumers have the authority to choose from a range of options and to participate in all decisions – including the allocation of resources – that will affect their lives, and are educated and supported in so doing. They have the ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.
- **Holistic.** Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, complementary and naturalistic services (such as recreational services, libraries, museums, etc), addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.
- **Non-Linear.** Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the consumer to move on to fully engage in the work of recovery.
- **Strengths Based.** Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.
- **Peer Support.** Mutual support including the sharing of experiential knowledge, skills, and social learning plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.

- **Respect.** Community, systems, and societal acceptance and appreciation of consumers including protecting their rights and eliminating discrimination and stigma, are crucial in achieving recovery. Self-acceptance and regaining belief in oneself are particularly vital. Respect ensures the inclusion and full participation of consumers in all aspects of their lives.
- **Responsibility.** Consumers have a personal responsibility for their own self-care and journeys of recovery. Taking steps toward their goals may require great courage. Consumers must strive to understand and give meaning to their experiences and identifying coping strategies and healing processes to promote their own wellness.
- **Hope.** Recovery provides the essential and motivating message of a better future – that people can and do overcome the barriers and obstacles that confront them. Hope is internalized, but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process.

Values and Principle of Systems of Care for Children

<http://mentalhealth.samhsa.gov/publications/allpubs/Ca-0029/default.asp>

<http://mentalhealth.samhsa.gov/publications/allpubs/CB-E198/chp1pg2.asp>

Core Values – systems of care are:

- child-centered, family focused, and family driven;
- community-based; and
- culturally competent and responsive.

Principles – systems of care provide for:

- service coordination or case management;
- prevention and early identification and intervention;
- smooth transitions among agencies, providers, and to the adult service system;
- human rights protection and advocacy;
- nondiscrimination in access to services;
- a comprehensive array of services;
- individualized service planning;
- services in the least restrictive environment;
- family participation in ALL aspects of planning, service delivery, and evaluation; and
- integrated services with coordinated planning across the child-serving systems.

Attachment I

Annual Regional Project Summary

| Service | Regional Application Amount | Participating Centers, with budgeted amount |
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| Regional Residential Treatment Services for Persons with Co-Occurring Mental Health and Substance Abuse Disorders | | |
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| Mental Health Supervised Apartments | | |
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| Mental Health Group Homes | | |
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| Telepsychiatry | | |
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| Psychiatrists | | |
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| Mental Health Nursing Support Services | | |
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| Mental Health Transportation (Quality of Life) | | |
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| Service | Regional Application Amount | Participating Centers, with budgeted amount |
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| Mental Health Respite Care (Quality of Life) | | |
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| Early Intervention Staff | | |
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| Substance Abuse Residential Treatment Services | | |
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| Substance Abuse Transitional Services | | |
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| Social Detoxification Services | | |
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